

Cosmetology, Barbering, Esthetics, and Manicuring Advisory Board Application

You can use this form to apply for appointment to the Cosmetology, Barbering, Esthetics, and Manicuring Advisory Board.

Send this completed form with a resume to:

Cosmetology
Department of Licensing
PO Box 9026
Olympia, WA 98507-9026

Applicant

Name	(Area code) Home telephone number	
Home street address		
City	State	ZIP code
Email address		
Business name	(Area code) Work telephone number	
Business street address		
City	State	ZIP code
Recommended by <i>(if applicable)</i>		

Education Attach additional sheets if needed

Name of high school, trade school, or college/university	Location	Year graduated	Degree

Licenses held If applicable to the Board

License type	Acquired date	Expiration date

Employment From present to past. Attach additional sheets if needed.

1	Name of company	Your title/position	(Area code) Telephone number	Employer/Supervisor name
Company address			Date from	Date to
Duties				
2	Name of company	Your title/position	(Area code) Telephone number	Employer/Supervisor name
Company address			Date from	Date to
Duties				
3	Name of company	Your title/position	(Area code) Telephone number	Employer/Supervisor name
Company address			Date from	Date to
Duties				
4	Name of company	Your title/position	(Area code) Telephone number	Employer/Supervisor name
Company address			Date from	Date to
Duties				

Memberships Attach additional sheets if needed

Professional/community organization	Office held	Date of term (From-To)

References

1	Name	(Area code) Telephone number
Address		
Describe how they know you		
2	Name	(Area code) Telephone number
Address		
Describe how they know you		
3	Name	(Area code) Telephone number
Address		
Describe how they know you		

X

Signature

Date